

VFC & VFA VACCINE TRANSACTION FORM

SUBMIT THIS FORM ONLY WHEN ALSO SUBMITTING A VACCINE ACCOUNTABILITY & ORDER FORM

- Use this form to record the details corresponding to the number of doses listed on the Vaccine Accountability & Order form

PRACTICE ID#						DATE:		
PRACTICE NAME:								
CONTACT PERSON								
VACCINE	LOT #	NDC NUMBER	EXPIRATION DATE	NUMBER OF DOSES	EXPIRED	WASTED	TRANSFER OUT (Provider Pin)	TRANSFER IN (Provider Pin)